(ख) दो यूनिट जिनमें से प्रत्येक की क्षमता 235 मेगावाट है (राजस्थान परमाणु विद्युत परियोजना का तीसरा और चौथा यूनिट) का निर्माण किया जा रहा है। और चार यूनिट (रा.प.वि.प. के पांचवें से आठवें यूनिट तक) जिनमें से प्रत्येक की क्षमता 500 मेगावाट होगी, उसी स्थान पर स्थापित किए जाएंगे।

(ग) गत तीन वर्षों के दौरान राजस्थान परमाणु बिजलीघर के पहले और दूसरे यूनिट को जितनी बार-बार बन्द करना पड़ा, उसका उल्लेख नीचे किया गया है :

वर्ष	राजस्थान परमाणु बिजली घर पहला यूनिट	राजस्थान बिजली घर का दूसरा यूनिट
1986	बन्द रहा	11
1987	6	18
1988	19	15

जहां तक राजस्थान परमाणु बिजली घर के दूसरे यूनिट के कई बार बन्द रहने का प्रश्न है, यूनिट अधिकतर थोड़ी-थोड़ी अवधि के लिए बन्द रहा और इस यूनिट ने 1986, 87 और 1988 में क्रमशः 64%, 61% और 72% क्षमता गुणक प्राप्त किया है। राजस्थान परमाणु बिजलीघर के पहले यूनिट को उसकी एंड शील्ड में हल्के पानी के रिसाव संबंधी कठिन समस्या का सामना करना पड़ा था जिसके परिणामस्वरूप यह यूनिट 1986 में बन्द रहा। रिमोट हैण्डलिंग औजारों और तकनीक की सहायता से रिसाव बन्द करने के लिए काफी प्रयास करने के बाद इस यूनिट को चालू किया गया और बाद में इस यूनिट को बिजली के उस निम्नस्तर पर चलाया गया जो परमाणु ऊर्जा नियामक बोर्ड द्वारा निर्धारित किया गया था। राजस्थान परमाणु बिजलीघर का पहला यूनिट, दिसम्बर 1988 में एंड शील्ड में पुनः हल्के पानी का रिसाव होने तक, 1988 में अधिकतर आंशिक बिजलीघर कार्य करता रहा। रिसाव को बन्द करने और यूनिट को पुनः शुरू करने के लिए प्रयास किए जा रहे हैं।

L.T.C. upto Indo-Nepal Border

*169. SHRI RAJNI RANJAN SAHU: Will the PRIME MINISTER be pleased to state;

(a) whether it is a fact that the Central Government employees who travel upto Kathmandu or other parts of Nepal by road/rail, are allowed to avail of *L.T.C* upto the Indo-Nepal border;

(b) whether it is also a fact that this facility is denied to the Central Government employees, who travel to Kathmandu or any other part of Nepal by air on the ground that they have not touched the border;

(c) whether the Indo-Nepal air space is defined; and

(d) if so, the reasons for which the Central Government employees are not given L.T.C. upto India's border when they travel by air?

THE MINISTER OF STATE IN THE MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS AND THE MINISTER OF STATE IN THE MINTSTRY OF HOME AFFATRS (SHRI P. CHIDAMBARAM**);** (a) to (d) The facility of leave travel concession is admissible to Central Government employees for visiting their home-towns and/ or any other place declared in advance, within the territory of lndia. While it is permissible to take a" circuitous route to visit the home-town or the declared place or to extend the journey therefrom for visiting other places within or outside India, the home-town or the declared place within the territory of India must actually be visited and the claim is also restricted to that place by shortest direct route. Therefore, while a Government servant visiting his home-town or the declared place-within the Indian territory and extending his journey to Kathmandu, is entitled to reimbursement under L.T.C. scheme upto the home-town

or declared place, he is not eligible for any reimbursement under the scheme if he visits only Kshimandu by air without visiting any place in Indian territory.

Setting up of units at the Rajasthan Atomic Power Plant

170. SHRI BHUVNESH CHATURVEDI; Will the PRIME MINISTER be pleased to state;

(a) the total number of units of Ato mic Energy Plant likely to be set up at the Rajasthan Atomic Power Plant by 2000 A.D.; and

(b) the details of the "work that is being done currently to set up the units at the site and by when the current work is likely to be completed?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION AND TOURISM (SHRl SHIVRAJ PATIL): <a) At Rajasthan Atomic Power station, two units (RAPS-I&2) 220 MWe capacity mre in operation. Two more units each of 235 MWe capacity (RAPP-344) are under construction. In addition, four units each of 500 MWe capacity (RAPP 5 to 8) will be set up at the same site.

(b) With regamTo the two "units of 235 MWe capacity (RAPP 3&4) under construction, site infrastructure, main plant civil works and manufacture of equipment and" components are in progress. In respectbf tBe four units of 500 MWe capacity (RAPP 5 to 8) to be set uj(preparation of detailed project report for obtaining project financial sanction, action fo'r obtaining safety and environmental clearances and advance procurement of critical and long delivery equipment are in progres.

Failure of family Planning Pragramme in India

171. SHRI MUKHTIAR SINGH MA-UK-Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a)' whather it is a fact that though Tndia was the first country in tho world to launch family Planning Programme, India's population is still increasing at a rate of 17 Millions a year even after 38 years;

(b) if so, the reasons for the failure of such a programme; and

(c) whether Government propose to take measures to bring down the population of the country?

THE* MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARl SAROJ-KHAPARDE); (a) to (c) Our country has played a pioneering role in launching the population stabilisation programmes as part of the overall socio-economic development plans. The country's population is currently estimated to b$_e$ increasing at an annual rate of about 15.2 million.

The magnitude of the annual increment is the function of the larg$_e$ base level, on the one hand, and the rate of growth, on the other. The natural growth rate of population is estimated at 2.12 per annum.

The growth rate of population depends both on the birth rate and the death rate. The birth rate has come down from 41.7 in 1951-61 (census estimates), to 32.0 in 1987 (Sample Registration System-provisional estimates). However, due to improvement in health measures, the decline in the death rate during the period has been relatively much steeper, from 22.8 to 10.8. And, therefore, the growth rate has remained at a high level.

The birth rate is a function of many and complex factors such as the age-sex composition of the population, the proportion of the population married, the age at marriage, socio-cultural attitudes towards marriages, family and progeny, the 'evel of social and economic development, the availability and quality of the health services, the State of Social Security and the contraceptive practice levels.

The National Health Policy has lai<i down the goal of birth rate of 21, death rate of 9 and couple protection rate of